

**Application for Contractual Agreement as Guardian/Conservator Representative
On Behalf of the Department of Human Services**

Name: _____
(First) (Middle) (Last)

Address: _____
(Street/Box) (City) (State) (Zip)

Telephone: (H) (____) _____ (W) (____) _____ (C) (____) _____

Email Address: _____

Social Security Number: _____

Are you under age 18? Yes ☐ No ☐

List cities or towns where you would be able to provide guardianship/conservatorship services:

When could you begin to provide services? Now ☐ Beginning on: _____

Are you willing to be available by telephone as needed by the protected person(s) assigned to you?

Yes ☐ No ☐

Have you ever been convicted of, or pled guilty or no contest to, a felony? Yes ☐ No ☐

Have you ever been found civilly or criminally liable for an action of fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion? Yes ☐ No ☐

Have you ever been suspended or relieved of responsibilities as a guardian or conservator by a court, employer, or client? Yes ☐ No ☐

Education and Training

Do you possess a high school diploma or GED? Yes ☐ No ☐

School Name: _____ City: _____ State: _____

Name of Post-Secondary School: _____

Address of School: _____

Did you graduate? Yes ☐ No ☐

Type of Degree: _____
Other information: _____

Name of Post-Secondary School: _____

Address of School: _____

Did you graduate? Yes ☐ No ☐

Type of Degree: _____
Other information: _____

Other education/training experiences you have pertinent to this position:

Work History

* Attach additional pages if necessary.

Current or most recent position:

Dates of employment from (mo/yr) _____ to _____

Job Title: _____

Employer: _____

Employer's Address: _____

City: _____ State _____ Zip _____

Employer's Phone Number: _____

Description of Duties:

Reason for leaving:

Next previous position:

Dates of employment from (mo/yr)_____to_____

Job Title:_____

Employer:_____

Employer's Address:_____

City:_____ State _____ Zip_____

Employer's Phone Number:_____

Description of Duties:

Reason for leaving:

Next previous position:

Dates of employment from (mo/yr)_____to_____

Job Title:_____

Employer:_____

Employer's Address:_____

City:_____ State _____ Zip_____

Employer's Phone Number:_____

Description of Duties:

Reason for leaving:

Next previous position:

Dates of employment from (mo/yr)_____to_____

Job Title:_____

Employer: _____

Employer's Address: _____

City: _____ State _____ Zip _____

Employer's Phone Number: _____

Description of Duties:

Reason for leaving:

Please feel free to attach additional sheets with other information that you feel is pertinent to this position.

Please list names, address and phone numbers of three references.

1. _____

2. _____

3. _____

- ⌘ All applicants will be will be subject to a criminal background check prior to establishment of a contract with the Department of Human Services.
- ⌘ All applicants will be required to attend guardianship/conservatorship training offered by the Department of Human Services.

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief. You are authorizing investigation of all statements you have made.

Misrepresentation, falsification, or omission of facts called for in this application is cause for cancellation of this application or termination of the contract.

Signature

Date

Return application to:

**Department of Human Services
ATTN: Guardianship/Conservatorship Program
Hillsview Plaza, E Hwy 34
c/o 500 E Capitol
Pierre, SD 57501**